

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0940014	GOSPEL HALL			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
345 EAST CEDAR STREET					1			
Towns Served: NEWINGTON								

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Physical Parameters (PPS)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		

Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
Physical Parameters M&R Violation	10/1/18 - 12/31/18	3	2/11/2020	3/26/2019	2/21/2020	3/26/2019
Total Coliform M&R Violation	10/1/18 - 12/31/18	3	2/11/2020	3/26/2019	2/21/2020	3/26/2019

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21623	WELL	2	WELL	A				

Contact Information

Name			Organization			Job Title		
Gospel Hall								
Mailing Address Line One		Mailing Address Line Two			City		State	Zip Code
345 East Cedar St					Newington		CT	06111
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section

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PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0940014	GOSPEL HALL	NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
345 EAST CEDAR STREET			1		
Towns Served: NEWINGTON					
Contact Role(s): Owner					
Name		Organization		Job Title	
Mr. William Brescia		Gospel Hall			
Mailing Address Line One		Mailing Address Line Two		City	State
345 East Cedar Street				Newington	CT
Zip Code					
	06111				
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-604-7305					wbrescia@me.com
Contact Role(s): Administrative Contact, Legal Contact, Owner					

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

<http://www.ct.gov/dph/publicdrinkingwater>

End of schedule

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0940024	HI-VIEW MOTEL			NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
2273 BERLIN TURNPIKE				1			
Towns Served: NEWINGTON							

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		Complete
	7/1/19 - 9/30/19		

Physical Parameters (PPS)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		Complete
	7/1/19 - 9/30/19		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	5/31/2017	

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21624	WELL	2	WELL	A				

Contact Information

Name				Organization			Job Title		
Mr. O.C. Shah				Hi-View Hotel/Plymouth Lodge			President		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
697 Berlin Tpke						Newington		CT	06037
Business Phone		Extension	Fax		Mobile Phone	Emergency Phone	Email Address		
860-828-9200			860-828-4402			860-258-3834			
Contact Role(s): Administrative Contact, Legal Contact, Owner									

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0940024	HI-VIEW MOTEL			NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
2273 BERLIN TURNPIKE				1			
Towns Served: NEWINGTON							

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End of schedule

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0949074	NEWINGTON VA MEDICAL CENTER-BLDGS 3 & 42			NC	43	F	SWP
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
555 WILLARD AVE				2			
Towns Served: NEWINGTON							

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		Complete
	7/1/19 - 9/30/19		

Physical Parameters (PPS)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		Complete
	7/1/19 - 9/30/19		

Monthly Water System Facility (WSF) Level Monitoring Requirements

Water System Facility: **TREATMENT PLANT (WSFID: 00700)**

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month
Phosphate (as PO4)	Entry Point Phosphate Monitoring (PHOS)	Minimum: 0.3 MG/L	2
Start Date: 12/1/2013	Compliance History:	Operating Limit	Monitoring
	Monitoring Period	Compliance Status:	Compliance Status:
	11/1/2018 - 11/30/2018		N
	12/1/2018 - 12/31/2018		N
	1/1/2019 - 1/31/2019		N
	2/1/2019 - 2/28/2019		N
	3/1/2019 - 3/31/2019		
	4/1/2019 - 4/30/2019		

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION SURVEY REPORT	3/1/2020	

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	3-111A	DISTRIBUTION SYSTEM	A	Y			
		3-210	BLDG #3 2ND FLOOR	A	Y	2		
		3-302A	BLDG #3 3RD FL/2	A	Y	2		
		3-304A	BLDG #3 3RD FL/1	A	Y	2		
		4	DISTRIBUTION SYSTEM	A	Y	2		
		42-208	BLDG#42 2ND FL BATH	A	Y	2		
		BLDG #3 PO4	DISTRIBUTION SYSTEM	A	Y	2	Y	
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				

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555 WILLARD AVE					2			

Towns Served: NEWINGTON

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	TREATMENT PLANT	3	TREATMENT PLANT	A				
58542	INTERCONNECTION - (MDC)							

Certified Operator Information

Water System Facility: TREATMENT PLANT (WSF ID: 00700)

Facility Classification:

Operator Name	Operator Type	Certification(s)	Certification Expiration
HARKINS, STUART A.	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS II	6/30/2019
		DISTRIBUTION SYSTEM OPERATOR - CLASS III	6/30/2019
WITTENZELLNER, ROBERT	ASSIGNED OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS III	9/30/2021
		DISTRIBUTION SYSTEM OPERATOR - CLASS III	6/30/2019

Contact Information

Name		Organization		Job Title	
Mr. Alfred Montoya		Va CT Healthcare System		Assitant Director	
Mailing Address Line One		Mailing Address Line Two		City	State Zip Code
555 Willard Avenue				Newington	CT 06111
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-666-6785		860-667-6764		203-500-2983	alfred.montoya@va.gov

Contact Role(s): Legal Contact

Name		Organization		Job Title	
Mr. Daniel T. Wood		Va CT Healthcare System		Gems Program Manager	
Mailing Address Line One		Mailing Address Line Two		City	State Zip Code
555 Willard Avenue				Newington	CT 06111
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-666-6951	6952	860-666-6832		475-355-5029	Daniel.Wood2@VA.gov

Contact Role(s): Administrative Contact

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